

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/568703

FILING DATE

CLAIMS

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1 ST AMENDMENT	IND.	DEP.	2 ND AMENDMENT
1			1			
2			1			
3			2			
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TOTAL IND.			1			
TOTAL DEP.			6			
TOTAL CLAIMS			7			

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1 ST AMENDMENT	IND.	DEP.	2 ND AMENDMENT
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